

JAN 18 2002

Please type a plus sign (+) inside this box

Please type a plus sign (+) inside this box

are required to respond to a collection of information unless it contains a valid OMB control number.

FDC 58-61 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Application or instrument number if known. A valid OMB control number

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION
POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Name of Additional Joint Inventor, if any:

Given Name (first and middle, if any):

Jeannette

Filing Date

ADDITIONAL INVENTOR(S)

First Named Inventor

Supplemental Sheet

Title

MEAGOOD OF Polarizing

Sleep Around

 A petition has been filed for this unsigned inventor

Attorney Deckel Family Name or Surname

Garberry

Inventor's Signature

Date
10/13/2001

Residence: City Manchester

State NH

Country USA

Label here
Citizenship USA

Mailing Address

230 Circle Road, #4, Manchester, NH 03103

Mailing Address

City

State

ZIP

Country

Name of Additional Joint Inventor, If any:

 A petition has been filed for this unsigned inventor
as my joint attorney or agent to prosecute the application identified below and to transact all
business

Given Name (first and middle, if any) Family Name or Surname

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number

Inventor's Signature

Phone Customer
Number
Area Code
Label here
Citizenship

Practitioners or Customer Number

State

Country

COPY OF PAPER
ORIGINALLY FILED

Residence: City

Mailing Address

Address

Attorney's Docket No. 9815-47779
 First Named Inventor Hersman

PATENT

H3

DECLARATION SUBMITTED AFTER INITIAL FILING

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
 CONTINUATION OR CIP)

OIPE 47779
 JAN 13 2002
 PATENT & TRADEMARK OFFICE

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

COPY OF PAPERS
 ORIGINALLY FILED

original
 design
 supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

national stage of PCT (under 35 U.S.C. §371)

NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

divisional
 continuation
 continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title of the Invention

Apparatus and Method For Polarizing Polarizable Nuclear Species

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

(a) is attached hereto

(b) was filed on 7/12/01 as Serial No. 09/904294 and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(c) was described and claimed in PCT International Application No. PCT/US01/22057 filed on 7/12/01 and as amended under PCT Article 19 on _____ (if any).

Please ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

PTO/SB/21 (08-00)

Approved for use through 10/31/2002, OMB 0651-003.

Under the I hereby state that I have reviewed and understand the contents of the above identified specification. I further declare under penalty of perjury that this document contains only my original work or that it is an accurate copy of my original work and has not been altered in any way. I further declare that this document contains only my original work or that it is an accurate copy of my original work and has not been altered in any way. I further declare that this document contains only my original work or that it is an accurate copy of my original work and has not been altered in any way.

including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 Code of Federal Regulations § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM

Application Number 109/904,294

Filing Date 11/16/01
First Named Inventor F. William Hersman

Group Art Unit

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35 of United States Code, § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America listed below and have also identified below, by checking the line, any foreign application for patent or inventor's certificate or any PCT international application having a filing date before that of the application on which priority is claimed.

 Fee Attached

Drawings:

 (complete (d) or (e))

Licensing-related Papers

Appeal Communication to Board of Appeals and Interferences

 Amendment/ Reply

Appeal Communication to Group

 (d) After no such applications have been filed.

Petition

Appeal Notice, Brief, etc. COPY OF PAPERS ORIGINALLY FILED

 (e) Affidavits/ declaration(s) such applications have been filed as follows.

Petition to Convert to a Provisional Application

Proprietary Information

 NOTE:Where Time Period is entered above and the International Application which designated the U.S. itself enter the details below and make the priority claim

Terminal Disclaimer

Status Letter

 Express Abandonment Request

Request for Refund

Other Enclosure(s) (please identify below):

A. PRIOR FOREIGN/PCT-APPLICATION(S) FILED WITHIN 12 MONTHS

 Information Disclos (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION

AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

 Certified Copy of Priority

Documents

CC Number of (1) U.S. Substitute Specification

Declaration

Copy of the 37 C.F.R. 1.63

X COUNTRY (OR PCT) INDICATE IF PCT	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
X Under 37 CFR 1.63			YES NO
			YES NO

Date

Page 2 of 4

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date 11/16/01

Typed or printed name *Fiona M. Hersman*Signature *Fiona M. Hersman*

Date 11/16/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. The time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Ombudsman, Office of the Commissioner for Patents, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEET TRANSMITTAL

listed below:

for FY 2002**Application Number and Filing Date of Provisional Applications for which benefit is claimed:**

Patent fees are subject to annual revision.

 Applicant 60/217,569 Filed: July 12, 2000

TOTAL AMOUNT OF PAYMENT

(\$ 120.00)

Application Number: 09 904,294

Filing Date: July 12, 2001

First Named Inventor: E. William Hersman

Examiner Name:

Group Art Unit:

Attorney Docket No: 00815/47779

METHOD OF PAYMENT (check all that apply) Check Credit card Money Order Other None Deposit AccountDeposit Account
Number: 1234567890
Deposit:

Account Name: I hereby declare that all statements made herein of my own knowledge are true and that all statements

made on information and belief are believed to be true; and further that these statements were made with the
knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both,
under Section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the
validity of the application or any patent issued thereon.

to the above-identified deposit account

FEET CALCULATION (continued)**3. ADDITIONAL FEES****DECLARATION**

Fee Fee Fee Fee

Fee Description

Fee Paid

120 920 112 920

120 920

120.00

FEET CALCULATION**SIGNATURE(S)****1. BASIC FILING FEE**

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
100 330	200 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 E	208 370	Reissue filing fee	William
114 160	214 80	Provisional filing fee	

115 110 1215 55	Extension for reply within first month	
116 140 1210 200	Extension for reply within second month	
117 920 217 460	Extension for reply within third month	
118 1,440 218 720	Extension for reply within fourth month	
128 1,960 228 980	Extension for reply within fifth month	
119 320 219 160	Notice of Appeal	
120 220 180	Fee for family (or last name)	Hersman
121 280 221 140	Request for oral hearing	

Inventor's signature: E. William Hersman**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**Date: 9/12/01 Country of Citizenship: United States of AmericaTotal Claims: 20 Extra Claims: 1 Fee Paid: 0In Residence: 66 Bucks Hill Rd., Durham, NH 03824Claims: 1 Multiple Dependent: 0

Post Office Address Same As Above

Large Entity Small Entity

Fee Code (\$): Fee Code (\$): Fee Description

103 18 203 9 Claims in excess of 20

Full name of second joint inventor, if any: E. William Hersman

104 280 204 140 Multiple Dependent claim

109 34 209 42 ** Passive independent claims

Mark: Leuschner

110 13 210 3 ** Reissue claims in excess of 20

(GIVEN NAME) and over original patent

SUBTOTAL (2) (\$): 0Inventor's signature: E. William Hersman

For number previously paid, if greater. For Reissues, see above

Fee Description: 120 920 122 920Fee Paid: 0

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

120 920 228 980

120 920 221 140

120 920 220 180

120 920 219 160

120 920 120 920

120 920 1215 55

120 920 1210 200

120 920 217 460

120 920 218 720

1

09/13/01 THU 10:50 FAX 603 869888

UNH PHYSICS

09/12/2001

11:54

DEVINE MILLIMET & BRANCH # 9900#1#98620329#

NO.201

084

UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20530
 www.uspto.gov

APPLICATION NUMBER	FILING RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/94,201	09/12/2001	Devine Millimet & Branch	09815/47779

listed below:

26869 Application Number and Filing Date of Provisional Applications for which benefit is claimed
 DEVINE, MILLIMET & BRANCH, P.A.
 111 AMHERST 03107 Filed: July 12, 2000
 BOX 719
 MANCHESTER, NH 03105

CONFIRMATION NO. 2066
 FORMALITIES LETTER
 000000000064911411

Date Mailed: 08/29/2001

DECLARATION
NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like as made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

An application number and filing date have been provided to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees. **SIGNATURE(S)**
 NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- **Full name of sole or first Inventor**
 A properly signed oath or declaration in compliance with 37 CFR 1.62 identifying the application by the **FAMILY (OR LAST NAME)**
 Application Number and **MIDDLE INITIAL OR NAME**
 (GIVEN NAME)
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of **Inventor's signature** in compliance with 37 CFR 1.37 must be submitted with the missing items identified in this letter.
- **Date balance due by applicant** **Country of Citizenship** **United States of America**

The application is filed under 35 U.S.C. 111(b) because of the following reason(s), indicated below.

Post Office Address Same As Above
 The required item(s) identified below must be timely submitted to avoid abandonment.

**COPY OF PAPER
 ORIGINALLY FILED**

- A substitute specification in compliance with 37 CFR 1.52 because **Full name of second joint Inventor, if any**
- Line spacing on the specification, claims or abstract is not -1 2 or double spaced
 See 37 CFR 1.52 (b)

Mark

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature

Lauchost**Date** **Sept 13 2001** **Country of Citizenship** **United States of America****Residence** **62 Lamprey St., Newmarket, NH 03857****Post Office Address** **Same As Above**

Customer Service Center

Initial Patent Examination Division 733, RUS-2, 2

PART 1 - ATTORNEY/APPLICANT ONLY

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

Signature for third and subsequent joint inventors. *Number of pages added* 1.

* * *

Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* _____.

* * *

Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* _____.

* * *

Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time (37 CFR 1.47).

* * *

Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

Number of pages added 1.

* * *

Authorization of attorney(s) to accept and follow instructions from representative.

* * *

(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item.)

This declaration ends with this page.